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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$420.00

Complete if Known

Application Number 09/731,349
Filing Date December 6, 2000
First Named Inventor Nadkarni, S. et al.
Examiner Name S. Oh
Group Art Unit 1615
Attorney Docket No. C-3362/0/US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 19-1025 Deposit Account Name Pharmacia Corporation		Large Entity Fee Code (\$)	
The Director is authorized to: (check all that apply)		Small Entity Fee Code (\$)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Description	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Paid	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
Fee Description		Fee Paid	
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims		Fee from below	
Total Claims -20** = 0 X = 0.00		Fee Paid	
Independent Claims -3** = 0 X = 0.00			
Multiple Dependent			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
Fee Description		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		\$0.00	
*or number previously paid, if greater; For Reissues, see above			
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		\$420.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kenton N. Fedde	Registration No. (Attorney/Agent)	\$4,701
Signature		Telephone	314-274-5402
		Date	December 17, 2003

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